



STATE OF ARKANSAS
TOBACCO CONTROL BOARD

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**APPLICATION FOR PERMISSION TO SELL
AT LESS THAN PRESUMPTIVE COST OF DOING BUSINESS**

Please type or print legibly:

Name:_____.

Street Address:_____.

**Mailing
Address:**_____.

Phone:_____ **Fax:**_____ **E-mail:**_____.

Wholesaler:___ **Retailer:**___ **Cigarette Permit No.:**_____

Federal ID No.:_____.

Desired Effective Date of Lower Cost of Doing Business (must be 90 days after date application is filed):
_____.

Proposed Actual Cost of Doing Business:_____.

The Following Information Is Attached to this Application:

_____ An accounting of the applicant's cost of doing business for a twelve (12) month period as required by Section 15.3.C of the Tobacco Control Board's Rules and Regulations.

_____ A certification statement signed by the applicant's owner, general partner, managing member or responsible corporate officer indicating that the accounting is true and accurate.

- _____ A statement signed by a certified public accountant (“**CPA**”) indicating that the CPA has reviewed the information provided and that it reasonably reflects the applicant’s actual cost of doing business in all material respects.
- _____ A copy of the applicant’s most recently filed federal income tax return, including all associated schedules and attachments.
- _____ A copy of one cigarette purchase invoice from each cigarette manufacturer or wholesaler for every month of the period of analysis.

The undersigned applicant hereby declares under penalty of law that the information provided above and submitted with this application is true and correct to the best of his knowledge and belief.

Name:_____ **Title:**_____

Signature:_____ **Date:**_____